

1875

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 187

Place of Birth Globe

(Registration District)

County GilaNo. 390 South Hill St.

SEX OF CHILD*	Twin Triplet or other?		and		Number in order of birth
Female					

DATE OF BIRTH*	<u>August</u>	<u>26</u>	<u>1923</u>
	(Month)	(Day)	(Year)

FULL* NAME	FATHER
	<u>Joseph Bernard Ryan</u>

FULL* MAIDEN NAME	MOTHER
	<u>Leo Beryl Parks</u>

I HEREBY CERTIFY that the child described herein
has been named

<u>Joey Nell</u>	<u>Ryan</u>
(Give name in full)	(Surname)

<u>Mrs. J. B. Ryan</u>
(Parent's Signature)

<u>Dr. L. E. Wightman</u> (not living now)
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

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195-826-372